



DEPARTMENT OF THE NAVY

NAVAL MEDICAL EDUCATION AND TRAINING COMMAND
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BETHESDA, MARYLAND 20889-5611

NAVMEDEDTRACOMINST 1740.2

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03 JUN 2003

NAVMEDEDTRACOM INSTRUCTION 1740.2

From: Commander

Subj: NAVY FAMILY CARE POLICY

Ref: (a) OPNAVINST 1740.4A

Encl: (1) Family Care Plan Checklist (NAVPERS 1740/6)
(2) Department of the Navy Family Care Plan Certificate (NAVPERS 1740/6)
(3) Family Care Plan Arrangements (NAVPERS 1740/7)
(4) Sample Power of Attorney for Family Care Plan
(5) Continuation Sheet
(6) Family Care Plan Flow Chart

1. Purpose. To establish the Family Care Plan Program at Naval Medical Education and Training Command (NMETC), and to promulgate procedural requirements that clarify and assist members in developing workable family care plans that meet the requirements of reference (a).

2. Background. Reference (a) provides guidance and establishes minimum standards for family care planning for single parents and dual military couples with family members. The nature of naval service dictates that members must be able to fully execute their military duties. For single parents and dual military couples with family members, the ability to meet this requirement relates directly to the degree of prior family care planning. Members may be separated from active service if they are unable, or refuse, to maintain an updated Family Care Plan, do not remain world-wide assignable, or are unable to perform their professional and military duties.

3. Applicability. This instruction applies to all active duty personnel who are single service members or members of dual military couples assigned to NMETC that have custodial responsibility for family members or other dependents.

4. Definitions. The following definitions apply to this instruction.

a. Single Parent. A member who has no spouse, who is separated, divorced, widowed, or otherwise apart from his/her

spouse in excess of 60 days, and has physical custody of children under 19 years of age or the sole care of an elderly, disabled, or chronically sick family member of any age for whom the member bears full medical, legal, financial or logistical (housing, food, transportation, clothing) responsibility.

b. Dual Military Couple with Dependents. Active duty or Reserve component members married to each other who have joint responsibility and physical custody for the care of children under 19 years of age or family members for whom the member(s) bears medical, legal, financial, or logistical responsibility.

c. Married Service Member with Civilian Spouse. Active duty or Reserve component members married to a civilian spouse who does not have any affiliation with any branch of the Armed Forces.

d. Family Care Plan. A document that outlines on Service-specific forms the person(s) who shall provide care for the member's children or other family members that rely solely upon the member for financial, medical, legal and logistical support in the absence of the member due to military duty (training exercises, temporary duty, deployments, etc.). The plan outlines the legal, medical, logistical, educational, monetary, and religious arrangements for the care of the member's family. The plan must include all reasonably foreseeable situations and be sufficiently detailed and systematic to provide for a smooth, rapid transfer of responsibilities to the designated caregiver in the absence of the member.

e. Caregiver. An individual who is not a member of the Armed Forces or a member of a Reserve component, is at least 21 years of age, and is capable of self-care and care of children or other family members. This individual must agree in writing to care for one or more family members during the member's absence for indefinite periods to ensure the member is available for world-wide duty.

f. Military Duties. Military duties include but are not limited to the following: deployment, normal and extended work hours, Temporary Assigned Duty (TAD) and weekend duty regardless of the current type of duty assigned (shore duty, sea duty, reserves, etc.).

5 Action

a. Single parents and dual military couples with family members shall:

(1) Develop a workable Family Care Plan using the Family Care Plan Checklist provided in enclosure (1).

(2) Complete NAVPERS 1740/6 (enclosure (2)) and NAVPERS 1740/7 (enclosure (3)) within sixty days of reporting to the command and submit this plan to the Family Care Plan Coordinator. Verification of the Family Care Plan will take place annually, prior to re-enlistment or extension of obligated service, prior to executing PCS orders, and prior to affiliation, enlistment, or reenlistment in the Selected Reserve.

(3) Establish a Power of Attorney for Family Care Plan using enclosure (4) as a guide.

(4) Submit a new or updated Family Care Plan to the Family Care Plan Coordinator within sixty days of the following:

(a) Upon change in personal, family, or caregiver status

(b) Upon the birth or adoption of a child or assumption of sole care for an elderly or disabled family member,

c Or upon reporting to a new duty station

b Family Care Plan Coordinator shall:

(1) Function as the Family Care Plan Coordinator for all active duty Navy personnel. The coordinator's primary responsibility is to manage the Family Care Plan Program, thus ensuring that single parents and dual military couples with family members comply with the policies and procedures set forth in reference (a).

(2) Follow the guidelines set forth in reference (a), conduct counseling with single parents and dual military couples with family members in order to provide information and points of contact (e.g. Family Service Center) that may aid in formulating a workable family care plan.

(3) Notify the command of any personnel that cannot meet the requirements of establishing/maintaining a Family Care Plan.

c. Subordinate commands will implement a Family Care Program in support of reference (a).

d. Enclosure (6) provides a flow chart to assist command personnel in the management of this program.


N. J. LESCAVAGE

Distribution:
List I and II

DEPARTMENT OF THE NAVY

FAMILY CARE PLAN CERTIFICATE

PRIVACY ACT ADVISEMENT

AUTHORITY: 44 U.S.C. Section 3101; 5 U.S.C. Section 301 10 U.S.C. Sections 133 and 5031 and E.O. 9397

PRINCIPAL PURPOSE: To identify and ensure that single military members and military couples with dependents have made adequate dependent care arrangements and to ensure the member is world-wide assignable. The information which will be solicited is intended principally for the following purposes: (a) The personal information will facilitate combat readiness and document a plan for the care of your family members in the event of a medium or long term absence; (b) it will be used to evaluate compliance with the DOD and Navy program requiring Family Care Plans.

ROUTINE USES: To designate persons who will accept dependent care responsibility and to contact those persons to verify their willingness to act for the member in this capacity, and to advise the designee(s) when they are expected to discharge these responsibilities. The information may also be used to determine overseas suitability, conduct authorized investigations, and other lawful purposes.

DISCLOSURE IS VOLUNTARY: Disclosure of information concerning family members, their caregivers, and the personal arrangements surrounding the care of family members is voluntary. However, refusal to provide the requested information may result in the member failing to meet Navy obligations.

PART I. APPLIES TO ALL SINGLE MEMBER SPONSORS AND MILITARY COUPLES WITH DEPENDENTS

1. I have been counseled and fully understand Navy policy on dependent care responsibilities. I have read and understand the Navy's policy that I must arrange for dependent care so that I will remain worldwide available as defined, and that I must report for duty as required without dependents.	Initials
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2. I understand that failure to make and maintain an adequate Family Care Plan in accordance with the Navy's policy may be grounds for disciplinary action or separation from the Navy, or both.	
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3. I understand that I may be subject to action under the Uniform Code of Military Justice if this statement is not accurate.	
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4. I understand that I am subject to deployments on short notice and that I will not be guaranteed special privileges because I have dependents.	
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5. My normal working hours are _____. I have made arrangements for the care of my family members during these hours as well as absences due to extended working hours and the execution of my military duties. I understand that if these arrangements for the care of my dependents fail, my absence from assigned duty is without authority unless excused by my commanding officer.	
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6. I affirm that I have made and will maintain arrangements for the care of my dependents to permit me to be worldwide available during Duty Hours, Extended Duty Hours, Exercises, Unaccompanied Tours, Temporary Additional Duty, Permanent Change of Station, and other similar military obligations.	
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7. I understand that I must revise or verify this plan at least yearly or on reassignment, reenlistment, extension of enlistment, or within 30 (60 days for Ready Reserve) of any change in my family or Caregiver status.	
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8. All of my dependents are 19 years or older and capable of self-care.	
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9. I understand that while serving in an overseas area, I must arrange for the escort and care of my dependents to the designated person. If my principal caregiver is not in the local area, I understand that I must arrange with a nonmilitary person in the local area to assume temporary responsibility for my dependents until that responsibility is transferred to my principal caregiver.	
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10. In the event of my death or incapacity, _____ (name, address, telephone number) has agreed to assume temporary responsibility for my minor children until the guardian named in my will assumes responsibility, or until a legal guardian or other custodian is appointed by a court of competent jurisdiction, or until my child(ren)'s non-custodial natural parent assumes custody, whichever occurs first.	
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11. The attached form (NAVPERS 1740/7) explains what financial arrangements have been made to provide support for my family member(s) while they are under someone else's care, what logistical arrangements have been made to get my family members to the designated caregiver; where to go for routine and emergency medical treatment for my family member(s), and what the caregiver should do in the event they are no longer able to care for my family members.	
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TYPED OR PRINTED NAME, GRADE/RATE, & SSN	SIGNATURE	DATE
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PART II. APPLIES TO ALL SINGLE MEMBERS SPONSORS AND MILITARY COUPLES WITH DEPENDENTS**CAREGIVER ACKNOWLEDGMENT**

12. I agree to accept responsibility and provide care for the family members of _____ if he/she must report for duty for extended work hours, recall, or TAD. I acknowledge that I have been fully briefed on: (a) Financial and logistical arrangements and location of important papers, (b) Military and civilian support resources available to assist in the care of family members including location and/or points of contact for the member's command, local Family Service Center, child care center, and Navy Marine Corps Relief Society, and (c) Family member entitlements, available services, and access requirements for military base resources including medical and dental treatment facilities, exchanges, commissaries, and recreation facilities.

A. Member's absence is for a duration of less than 30 days.

SIGNATURE

ADDRESS (Include ZIP Code)

TYPED OR PRINTED NAME

PHONE NUMBER (Include Area Code)

WITNESS

WITNESS SIGNATURE

B. Member's absence is for a duration of greater than 30 days.

SIGNATURE

ADDRESS (Include ZIP Code)

TYPED OR PRINTED NAME

PHONE NUMBER (Include Area Code)

WITNESS

WITNESS SIGNATURE

**PART III. APPLIES TO SINGLE MEMBER SPONSORS & MILITARY COUPLES WITH DEPENDENTS
SERVING OVERSEAS & ACCOMPANIED BY DEPENDENTS****CAREGIVER ACKNOWLEDGMENT**

13. I agree to be responsible for accompanying and caring for the family members of _____ as an escort if evacuation from an overseas area becomes necessary.

TYPED OR PRINTED NAME

SIGNATURE

WITNESS

WITNESS SIGNATURE

PART IV. FOR IN-SERVICE COUPLES ONLY

14. Statement of Military Spouse: I have read my spouse's plan and concur.

TYPED OR PRINTED NAME & SSN OF SPOUSE

SIGNATURE OF SPOUSE

PART V. COMMANDER CERTIFICATION

15. I have reviewed this Family Care Plan and I am satisfied that the member has made adequate family care arrangements that will allow for a full range of military duties and for worldwide availability as defined here.

SIGNATURE OF COMMANDING OFFICER

DATE

Encl (2)

FAMILY CARE PLAN ARRANGEMENTS

1. Financial - (Describe how you will provide support for your family members while they are under someone else's care. This may include an allotment, powers of attorney or bank accounts and access.)

2. Logistical - (Describe how your family members will get to the designated caregiver. This is especially important if geographically separated. Describe how financial support necessary to effect transportation will be provided. Also discuss provisions for minor children if they have to travel to a caregiver and cannot go unaccompanied. Include any details concerning care of your home, school arrangements for children, points of contact for your caregiver in case of emergency, and use of government services, specifically, what directions have you given for access to the exchange, commissary, recreation, etc. Include all other arrangements that pertain to your situation). Don't forget to provide all prospective caregivers names to your child's school or day care center as persons authorized to pick-up child(ren) (this is particularly important in the event of your death or incapacity while the child(ren) is at school/day care.)

3. Medical - (Explain where your family member is to go for routine and emergency medical treatment. Does your caregiver know where medical/immunization records are? Do they have names and addresses of medical providers? Have you discussed with your caregiver any medical conditions or allergies that your family members have? Any special directions in case of a medical emergency? Don't forget special powers of attorney (SPOA) for medical treatment. A separate SPOA for medical treatment is not necessary if the Sample POA for Family Care Plan (enclosure (2)) is utilized.)

4. Legal - (Provide name, address and telephone number of your attorney (if you have one); any legal documents your caregiver should have copies of such as your will, insurance policies, family members' military ID cards and your social security number. Also discuss what you have told your caregiver to do in the event they are no longer able to care for your family members. Who is your alternate caregiver? Add any other legal information that would be necessary.)

TYPED OR PRINTED NAME OF MEMBER	SIGNATURE OF MEMBER	DATE
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Encl (3)

SAMPLE POWER OF ATTORNEY FOR FAMILY CARE PLAN SPECIAL POWER OF ATTORNEY

PREAMBLE: *This is a MILITARY POWER OF ATTORNEY prepared pursuant to Title 10, United States Code, § 1044b, and executed by a person authorized to receive legal assistance from the military services. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.*

KNOW ALL PERSONS BY THESE PRESENTS:

That I, --GRANTOR--, Social Security Number --SSN--, currently residing in the --STATE-- of --RESIDENCE--, and now in the military service of the United States of America as a member of the United States Navy, by this document do make and appoint --GRANTEE--, whose present address is --GRANTEE ADDRESS--, as my true and lawful attorney-in-fact to do and execute (or to act with persons jointly interested with myself therein in the doing or execution of) any or all of the following acts or things:

I, --GRANTOR--, the parent of the following minor --CHILD OR CHILDREN--: --CHILD OR CHILDRENS' NAME(S)--, --CHILD'S AGE--, do hereby state that it is necessary to leave said --CHILD OR CHILDREN-- in the care of --GRANTEE-- of --GRANTEE ADDRESS--, telephone number --TELEPHONE NUMBER--, from THE DATE OF EXECUTION OF THIS INSTRUMENT. The said --GRANTEE-- shall have my full permission and consent: To perform any and all parental acts, as fully to all intents and purposes as I might or could if personally present, to include but not limited to discipline, maintenance, supervision, arbitration of disputes, enrollment in school, sports or other activities, and consent to any and all medical care and treatment, including hospitalization and surgery, that is considered necessary and appropriate by --GRANTEE--, --GRANTEE ADDRESS-- and a duly licensed physician, for the general health and welfare of said --CHILD OR CHILDREN--.

I HEREBY GIVE AND GRANT TO my said attorney-in-fact full power and authority to perform every act and thing whatsoever that is necessary or appropriate to accomplish the purposes for which this Power of Attorney is granted, as fully and effectually as I could do if I were present; and I hereby ratify all that my said attorney-in-fact shall lawfully do or cause to be done by virtue of this document.

PROVIDED, however, that all business transacted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said attorney-in-fact for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney-in-fact and the designation "attorney-in-fact."

I FURTHER DECLARE that any act or thing lawfully done hereunder by my said attorney-in-fact shall be binding on myself and my heirs, legal and personal representatives and assigns,

whether the same shall have been done either before or after my death, or other revocation of this instrument, unless and until reliable intelligence or notice thereof shall have been received by my said attorney-in-fact; and whether or not I, the grantor of this instrument, shall have been reported or listed, either officially or otherwise, as "missing in action" as that phrase is used in military parlance, or as "captured," it being my intent that such status designation shall not bar my attorney-in-fact from fully and completely exercising and continuing to exercise any and all powers and rights herein granted and that such report of "missing in action" or "captured" shall neither constitute nor be interpreted as constituting notice of my death nor operate to revoke this instrument.

FURTHER, this power of attorney shall remain in full force and effect indefinitely, and provided further, that in the event that I should be reported or listed "missing" or "missing in action", as those phrases are used in military parlance, prior to the expiration or revocation of this power of attorney, it shall not terminate but shall be extended as long as I remain in that status. It is my intention that such status designation shall not bar my attorney-in-fact from fully and completely exercising and continuing to exercise any and all powers and rights herein granted, and that such report of "missing" or "missing in action" shall neither constitute nor be interpreted as constituting notice of my death, nor operate to revoke this instrument.

FURTHER, this power of attorney is a durable power of attorney, and it shall not be affected by my becoming disabled, incompetent or incapacitated or the lapse of time. It is my intent that the authority conferred herein shall be exercisable notwithstanding my physical disability or mental incompetence, and notwithstanding any expiration date set forth herein.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this day,

--GRANTOR--

CONTINUATION PAGE FOR FAMILY CARE PLAN

By signing on the line below, I am verifying that there are currently no changes to my Family Care Plan (FCP) or have made the appropriate corrections deemed necessary on the original forms. These forms consist of the NAVPERS 1740/6 Family Care Plan Certificate, NAVPERS 1740/7 Family Care Plan Arrangements and any Power of Attorneys. I fully understand that at any time if there are changes to my Family Care Plan, I will notify the FCP Coordinator. I acknowledge that I have read and understand NAVMEDEDTRACOMINST 1740.2, Family Care Plan.

First and Last Name (Signature)

Date

First and Last Name (Signature)

Date

First and Last Name (Signature)

Date

First and Last Name (Signature)

Date

First and Last Name (Signature)

Date

This page should be attached to members original NAVPERS 1740/6 (Family Care Plan Certificate) as evidence of their annual update.

FAMILY CARE PLAN FLOWCHART

